

# PART B - FEE(S) TRANSMITTAL

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23869 7590 07/28/2003  
**HOFFMANN & BARON, LLP**  
**6900 JERICHO TURNPIKE**  
**SYOSSET, NY 11791**



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<i>M. J. Mullin</i>	(Depositor's name)
<i>M. J. Mullin</i>	(Signature)
<i>10/15/03</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/464,610	12/15/1999	PETER J. SCHMITT	498-53-CON/R	7859

TITLE OF INVENTION: THINLY WOVEN FLEXIBLE GRAFT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	10/28/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, SUZETTE JAMIE	3738	623-001100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hoffmann & Baron, LLP  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Scimed Life Systems, Inc.**

**Maple Grove, Minnesota 55311**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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